	E APPLICATIO	NOE. Per	NI A NIDA				ND TRADEMAR			
	APPLICATION AL No.: 10/						GROUP ART UNIT	: 2142		
		•						: O. Survillo	/	
9 2008 9 2008		gust 13, 2003 CHANISM TO SOCIATION BE Ps					ATTY. REFERENCE		/BEU	
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	Box 1450	NER OF TA			•					
		22313-1450								
Sir: Trans □	Small enti	ith is a communicy status under 32 nal fee is require	CFR 1.				ntified application.			
The fe	ee, if any, has	been calculated a	ıs shown	below:		-				
	Fee Basis	Number of Claims After Amendment	fter Previously Paid		Extra Claims		Small Entity	Full Fee		
Total	Claims		-	1	=	3	× \$ 25 =	× \$ 50 =		
Independent Claims		s 4	-	3	= 1	3	× \$100 =	× \$ 210 =	\$210.0	
□ _F	First Presentation of Proper Multiple Dependent Claim						+ \$180 =	+ \$360 =		
			<u> </u>			DTAL			\$210.00	
		¹ If less th	an 20 ente	r 20 .	² If less than		3. If less than 0 enter 0.		02 10.00	
a [ttached. A check in the Commissible under 37 (amount of \$oner is hereby a	uthorized	is attaction is attaction.	ched. e any addi	tional t	nt of _\$ A do	nmunication,	including f	
		is/are: Reques Petition Extra I	ı for E ndepei	xtensioi ndent C	of Time laim (1)	e (1 m		dependent	claims)	
		Extra I	ndepei	ndent C	laim (1)		·	dependent	cl	

Customer Number
Phone: (703) 683-0500

DATE: May 19, 2008

Respectfully submitted,

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Benjamin E. Urcia
Attorney for Applicant

Registration Number: 33,805

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